

Sign Out Edit View Format Chat/Help

ICANotes
Behavioral Health EHR

Demographics

Continue Photo **Chart Details** **Attson**
Patient Go to E-Prescribe

Anaphylactic Reaction Reported

Patient Information		Insurance Information	
*Name (F,M,L,Suffix) Stephanie Attson <input checked="" type="checkbox"/> Homeless Address <input type="checkbox"/> Bad Address Addr 2 / Appt # <input type="checkbox"/> Sample County <input type="checkbox"/> Chart City, State, Zip Best Phone Home Phone Country US <input type="radio"/> Home Cell Phone ext <input type="radio"/> Work Work Phone <input type="radio"/> Cell Email Email 2 Portal <input type="checkbox"/> API <input type="checkbox"/> Appt Reminders via: <input type="checkbox"/> Email <input type="checkbox"/> Text Message <input type="checkbox"/> Phone Message		*Date of Birth 8/18/1987 Unique Patient ID 151 *Gender woman Refer to patient as Stephanie SSN # 525-65-7572 Other Names Previous Address Alt. Patient ID	
Patient's Condition Date Of Current Illness Onset <input type="text"/> Date of Current Admission: From <input type="text"/> Dates Unable To Work: From <input type="text"/> Condition Related To Employment? <input type="checkbox"/> Condition Related To Auto Accident? <input type="checkbox"/> Condition Related To Other Accident? <input type="checkbox"/> In treatment Previously? <input type="radio"/> Y <input type="radio"/> N If yes, when <input type="text"/> Date Of Death <input type="text"/> Preliminary Ca			
Annual Household Income <input type="text"/> Family Size <input type="text"/> Veteran <input type="radio"/> Y <input type="radio"/> N *Race <input type="text"/> Race 2 <input type="text"/> *Preferred Language <input type="text"/> Disability <input type="text"/> Native American <input type="radio"/> Y <input type="radio"/> N Tribal Affiliation Assigned Providers are allowed to sign Notes for this Patient Karissa Andazola, CSW Role X Principal <input type="checkbox"/> < Select a Clinician > <input type="checkbox"/> < Multiple Clinicians > <input type="checkbox"/> Assign Provider(s)			
Where Seen Med Rec Prime SOS <input type="checkbox"/> Add New Location Show Fields used by elec			

Red fields are required Blue fields are optional but add info to clinical note.
 * = Required for Meaningful Use **✓** = Patient Has Accessed Portal